**(Print on Letterhead)**

Dear Parent or Guardian,

The *(insert name of school/district)* School Nutrition Program will provide meal modifications for students with a disabling medical condition which affects their diet. Please have your child’s licensed medical provider (M.D., D.O., PA, NP) complete and sign the *Medical Statement for Special Dietary Needs* form. A complete form includes:

* Information about the child’s physical or mental impairment and how it restricts their diet
* An explanation of what must be done to accommodate the child’s disability, and
* The food(s) to be omitted and recommended alternatives, in the case of a modified meal

For milk substitutions, our district provides lactose-free cow’s milk for student’s with lactose intolerance, and nondairy soy beverage that meets the USDA nutrition standards. To request a milk substitution, the *Milk Substitution Request Form* must be completed and signed by your child’s provider or by the child’s parent/guardian.

To ensure that our program has the necessary foods available and that staff are adequately informed of the accommodations, please allow *(insert number)* of school days after the receipt of the completed form for the necessary accommodations to be in place.

The *(insert name of school/district)* School Nutrition Program MUST follow the *Medical Statement for Special Dietary Needs* that is on file. Please submit new documentation should your child’s dietary needs change.

We look forward to working with you and your child.

Sincerely,

*INSERT NAME*

School Nutrition Director

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English.  Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible State or local Agency that administers the program or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, *USDA Program Discrimination Complaint Form* which can be obtained online at: [https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.usda.gov%2Fsites%2Fdefault%2Ffiles%2Fdocuments%2FUSDA-OASCR%2520P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf&data=05%7C01%7CPaula.Nadeau%40maine.gov%7C8662eda17df646c3d5ea08da38c8743d%7C413fa8ab207d4b629bcdea1a8f2f864e%7C0%7C0%7C637884730830351761%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=OeYhSpIJPVT%2F7gK70PpHBCGkTzr2aFKaZe%2BLnyUR%2FxI%3D&reserved=0), from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant’s name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

**(1)       mail:**

            U.S. Department of Agriculture
            Office of the Assistant Secretary for Civil Rights
            1400 Independence Avenue, SW
            Washington, D.C. 20250-9410; or

**(2)       fax:**

 (833) 256-1665 or (202) 690-7442; or

**(3)       email:**
            program.intake@usda.gov

This institution is an equal opportunity provider.

(Federal statement updated 5/18/2022)

Complaints of discrimination must be filed at the office of the Maine Human Rights Commission, 51 State House Station, Augusta, Maine 04333-0051. If you wish to file a discrimination complaint electronically, visit the Human Rights Commission website at <https://www.maine.gov/mhrc/file/instructions> and complete an intake questionnaire. Maine is an equal opportunity provider and employer.